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Developing ethical thinking in clinical settings: A case study

Cristina Barroso^{a*}, Wilson Abreu^b

^a PhD, Associate Professor, Porto School of Nursing, Rua Dr Bernardino de Almeida, 4200-072 Porto, Portugal

^b PhD, Full Professor, Porto School of Nursing, Rua Dr Bernardino de Almeida, 4200-072 Porto, Portugal

Abstract

During their clinical learning, nursing students face complex realities. These require the mobilisation of scientific knowledge but also provide taxonomies of moral reasoning skills to develop ethical thinking. The main questions of the study were: how do students' clinical experiences affect the development of their ethical thinking? How can clinical teachers help students to overcome ethical tensions? The purposes were to explore students' experiences that might lead to ethical tensions and dilemmas; to identify opportunities to develop ethical thinking and ethical reasoning, and to evaluate the effectiveness of educational strategies that encourage students to value acting with good intentions and achieving the best outcome. An ethnographic study was conducted involving students from a nursing school in the North of Portugal. Data were collected using three methods. A questionnaire was used to identify the students' moral orientation. Participant observation was carried out to identify tensions or ethical dilemmas. Semi-structured interviews were conducted to clarify and deepen the information gathered. Six dimensions emerged from the content analysis: the environment; learning styles; the influence of role models; mentorship processes; previous experience and the meaning of the ethical dilemmas to the students. These dimensions allowed us to understand the way students develop their ethical reasoning and show that educational strategies can improve the skills required to overcome moral dilemmas. Developing ethical thinking is an ecological process that takes place through processes of complex interactions between students, clinical teachers and patients. Students' ethical thinking is determined by what they experience in the settings they spend time in. Teachers should understand that clinical reasoning is dependent upon ethical thinking and is influenced by cultural experiences.

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* Corresponding author. Tel.: +351225073500; fax: +351225096337.

E-mail address: cmpinto@esenf.pt

1. Introduction

The ethical dilemmas raised by the provision of healthcare have been growing in number and complexity over the last few years. Currently, in the clinical context, nursing students face a range of situations which involve increasingly more diversified moral decisions, including, in particular: the patient's consent, the treatment, the maintenance of life, resuscitation, euthanasia, abortion, refusal to be treated by a particular nurse, refusal of care, non-adherence to the therapeutic regime, among many others which could be listed (Haahr, Norlyk & Hall, 2014; Hicks and Berg, 2014; Woods, 2014; Germano, 2013). However, due to the profound transformation of healthcare and national health systems, other dilemmas have emerged, namely those linked to the diagnosis and access to healthcare.

The growing concern with ethics led to its incorporation into the nursing curriculum as a curricular unit. Since ethics is a theoretical component of the nursing degree, teachers ask themselves how they can help students to develop their ethical thinking in clinical practice. Over many years, multiple studies have been carried out to understand the moral development of nurses regarding to healthcare, in order to understand the ethical decisions they take as well the complexity of the process. Among these studies, some focus on the importance of ethical principles, others address the consequences of the actions, the combination of the principles and the consequences of actions and, others also concentrate on moral virtues.

Based on the work of Nightingale, in 1859, using the Hippocratic principles of fidelity and veracity to the patient, the “professional nurse” emerged, as a figure with moral virtues that all “good nurses” should embody. It is part of the daily and routine work of “good nurses” to take decisions. Decision-taking should be accompanied by reflection on “what” he/she is doing, “why” a particular action is chosen and “how” the nurse arrives at the decision.

In clinical practice, nurses develop the clinical reasoning for each patient under their care. When entering the clinical ward, nurses observe and collect relevant data that enables them to reach conclusions and provide the appropriate care for the clinical situation. Clinical reasoning is not innate. It is a learnt capacity and, hence, it can be trained (Kamin et al., 2006; Higuchi & Donald, 2002). Abreu (2008) states that students develop in the wards specific knowledge, skills, values, and attitudes that are required for comprehensive health care.

Kristoffersen & Friberg (2014) developed a study whose main purpose was to highlight self-oriented moral or moral–philosophical related ideas as an important part of the nursing discipline. They state that this is achieved in their study by exploring self-realization as a significant self-oriented moral or moral–philosophical related idea based on a philosophical anthropological perspective, demonstrating how moral or moral–philosophical related ideas are expressed by nurses, discussing the relevance of self-realization for the nursing discipline, and pointing out possible consequences for the future development of the discipline of nursing. The basic assumption is that nursing is related to moral or moral–philosophical related ideas which are other-oriented, but the socio-cultural process of change in modern society implies that more self-oriented ideas have been found to be significant. Kristoffersen & Friberg (2014) interviewed 13 nurses with diverse work experience within different settings. They underline that the relevance of self-realization for the nursing discipline is discussed along two lines, first, by connecting nurses’ self-understanding to a horizon of identity and second, by considering what self-realization could offer. The authors pointed out to a reality that other studies also highlight. Self-realization is connected to the positive view of freedom, understood as an exercise-concept. Nurses must articulate the contribution of self-realization and the nursing practice, in order to promote safety and quality care. This and other studies led to the development of ethical guidelines to use in making ethical decisions into the nursing practice, through ethical reasoning.

Zirak et al. (2012) underline that the capacity for ethical reasoning is one of the primary requirements of the nursing profession, and should be improved in nursing students during their schooling. Severtsen (2011) argues that

the training of reflective thinking facilitates the development of students' clinical and ethical judgement.

In order to learn to integrate ethical decisions in complex clinical situations, it is essential that nursing students learn the rules of the profession and understand the existing connections between data and results (Juujärvi, Pessa & Myyry, 2011). Learning clinical reasoning requires determination, active and continual adaptation and reflection, particularly in activities whose purpose is the improvement of quality and safety (Ericsson, Whyte & Ward, 2007). Ham (2004) adds that ethical dilemmas are situations which generate stress and uncertainty in professionals, which is why they should be the subject of guidance or mentorship.

Abreu (2007) defines mentorship as a process in which the mentor or tutor is an older, experienced professional who assists and facilitates learning of students in clinical context, supervising and assessing their practices, based on a relationship of proximity. The mentor assumes responsibility for the "guidance, monitoring and assessment of students in a clinical context" (Abreu, 2007, p. 189). Saarikoski et al. (2007) state that clinical monitoring is a process which is established between a nurse and a student, in order to encourage professional development, promote the quality of practice and improve the safety of care. Supervision is indicated as a central tool in the development of clinical reasoning. Abreu (2014) describes the process of mentoring as a succession of interactive stages, in which students are invited to develop an individual and experiential approach to learning - the mentorship process help students to organize and integrate concepts; providing also students with strategies to develop a better understanding about themselves as caregivers and to promote commitment to the nursing profession.

The study starts with the following initial questions: "How do students' clinical experiences affect the development of their ethical thinking? How can clinical teachers or mentors help students to overcome ethical tensions?" Many other questions progressively emerged throughout the research and the fieldwork: What is the difference in the ethical guidance of students at the beginning and end of their nursing course? What is the nature of the ethical situations in the provision of care? What factors influence the construction of ethical thinking in students of the First Cycle Degree Course in Nursing? Which response patterns are activated by students when confronted with ethical situations? What is the influence of ethical education in terms of the moral judgement of nursing students? How can students be helped to integrate ethical concerns into clinical practice?

2. Aims and methodology

The following objectives were defined to this case study: (1). to explore students' experiences that might lead to ethical tensions and dilemmas; (2). to identify opportunities to develop ethical thinking and ethical reasoning; (3). to evaluate the effectiveness of educational strategies that encourage students to value acting with good intentions and achieving the best outcomes.

An ethnographic study was conducted in order to understand the development of nursing students' ethical thinking in clinical context. The fieldwork included both quantitative and qualitative techniques. The research involves three stages. In the first one, the students' moral orientation was identified through the use of a questionnaire, the Ethics Position Questionnaire developed by Forsyth (1980). In the second, participant observation was carried out to identify tensions or ethical dilemmas. During the third stage, a semi-structured interview was conducted to clarify and deepen the information collected through the participant observation.

The study was carried out with a random group of students attending the first cycle degree in nursing (1st, 2nd, 3rd and 4th year) at a school in the north of Portugal. The questionnaire was applied to 280 students (70 in each year of the course). The participant observation included 24 students (6 in each year of the course) and 12 students (3 in each year of the course) were interviewed.

The analysis of data seeks to answer the research questions. Descriptive statistics were used in the analysis of

data gathered from the questionnaire. The participant observation followed the stages defined by Spradley (1980): descriptive observation, focused observation and selective observation, which were subject to ongoing analysis. Data analysis was oriented by Bardin's content analysis method (Bardin, 2002).

3. Results and discussion

Participants were 280 students of the First Cycle Degree in Nursing of a public school in the north of Portugal (222 female and 68 male), aged between 18 and 27 years old (the average was 20 years old). Students identified a set of aspects related to the context of care which provided them with positive learning experiences. Integration in the wards was emphasised by all of the students as one of the key aspects for successful learning in clinical context. The diversity of the experiences, the understanding of the purpose of the care offered, the work method adopted by the nurses, the interaction between healthcare professionals, the therapeutic relationship between nurses and patients, the preparation of hospital discharge, the involvement of the family in healthcare and the electronic recording of clinical history were noted as the primary aspects which greatly contribute to the definition of their forms of thinking. Although most of the students highlighted the importance of context in their learning process, they also noted that this generated sometimes stress and anxiety.

The Ethics Position Questionnaire was adopted to identify the student's moral orientation. No significant differences were found between men and women. Among the total participants, 88.2% reported high levels of idealism (75.7% relative to the women and 12.5% to the men) and 88.6% revealed low levels of relativism (76.1% belonging to the women and 12.5% to the men). Idealist moral philosophy stresses the well-being of others. The idealist reflects a fundamental concern for the welfare of others (Forsyth, 1980). During participant observation, some students said: "I acted like that because I had to think about patients foremost; I could never place their lives at risk" (Participant Observation – field notes); "All individuals have their dignity which must be preserved and respected..." (Participant Observation – field notes).

This idealistic attitude was increasing in general throughout the course - 18.6 % (first year), 22.1% (second year), 23.9% (third year) and 23.6% (final year). These results demonstrate that the students believe in undertaking and accomplishing actions whose objectives take into consideration the correctness of the action. In practical terms, they are aware of the responsibility of their acts and are anxious to assume a model which enables them to respond to the clinical situations of the provision of safety care.

The student's moral positioning showed a close connection with the learning styles and the reflection as a learning tool: "Reflection about the developed activities was a constant feature during this clinical education, contributing to the fine-tuning of my practice. At the end of each shift, I would make sure to perform a sort of retrospective in order to detect anything that I could have done in a different way." (Participant Observation – field notes)

Professional nurses constitute "role models" to the students because they have a broad range of practical know-how and an alleged emotional intelligence. They influence the students' forms of thinking, namely in the following aspects: therapeutic relationships with patients, planning and organisation of care, quality of the interventions, time and care management, scientific basis of care, reflection on practice and respect for patients' rights. Students' development as moral beings is a permanent construction which requires the intervention of others.

The process of mentorship was described by students as being a positive experience. It includes four key components: supervisory relationships, constructive criticism, joint analysis of daily events and "de-dramatisation" of tasks (which contributes to reducing stress and anxiety). During the mentorship process, mentors used several educational strategies whose purpose was to promote the development of thinking and emotional intelligence in students. The following strategies are particularly noteworthy: paying attention, clarifying, encouraging, serving as a mirror, giving opinions, helping to find solutions for problems, negotiating, guiding, establishing criteria and conditioning: "He [the mentor] is a person that I consider to be very competent and he gives me all kinds of support

that I need. He questions me a lot. We discuss many issues together which also forces me to study a lot.” (Participant Observation – field notes); “She questioned the way we did things. She also questioned theoretical aspects, asking: Why did you do that?” (Participant 6); “...sometimes she would ask my opinion, or what I thought or how I thought something should be done, we would discuss things and then agree and decide on the best way.” (Participant 12)

Students' styles of thinking are also influenced by previous experiences. When the students are faced with a new situation for which they feel that they have not yet developed suitable skills, they experience difficulties. But they also note that their previous experience makes them calmer when in similar situations: “It's always good to have previous clinical education, because it always facilitates my learning. I think back on my patient, what I did, what I thought, the discussions I had with the tutor and the conclusions that I reached and, I compare them with the current situation. I learn through similarity. The same happens if the patient wasn't mine, because I remember that where we work there was somebody with that pathology, that diagnosis or that particular situation and I make a retrospective analysis.” (Participant Observation – field notes)

The students' training is not limited to the sum or accumulation of knowledge; it is constructed through critical reflection. This process takes place in parallel to the students' development as moral beings, which occurs in a progressive and harmonious manner, in partnership between the student and the tutor.

During learning in a clinical context, students develop their thinking by experiencing different situations which involve taking decisions and making judgements about real healthcare situations. Some of these experiences involve extreme situations of life and pain. The significance of ethical dilemmas was also one of the aspects that the students pointed out as promoting the development of their forms of thinking and clinical learning, due to the type of experience provided: “For example, there was one night when I had three patients who died. It's rather striking. I had already experienced patients dying, but that night I had three. There was nothing I could do, I just watched and...I was present, I respected the time each one needed to die.” (Participant 10); “I had a complicated day, due to a mistake I made in the preparation of an injectable. I know that I detected the mistake in time, but even so, I feel guilty and disappointed. It was an unexpected situation that I had never thought would happen to me. This situation made me question if I really have a vocation for nursing or not. It's difficult to assess what I feel, but I am frightened that I will do something wrong again. Personally, I felt more comfortable when I told someone about the situation, I can't hide. I prefer to act according to my conscience”. (Participant Observation – field notes)

4. Conclusions and contributions

The study allows us to explore students' experiences that lead to ethical tensions and dilemmas, to identify opportunities to develop ethical thinking and ethical reasoning, and to evaluate the effectiveness of educational strategies that encouraged students to value acting with good intentions and achieving the best outcomes. Learning of ethics, in a clinical context, is a complex process which involves diverse know-how, from acquired knowledge (real experience), to knowledge of others (public sphere), including technical and scientific knowledge, knowledge of the context (as a moral space) and knowledge of oneself (private sphere).

Evidences from research show that students nurses systematically report situations where they find ethical implications: primacy of quantitative over qualitative, mistreatment by staff, lack of negotiation of care, lack of information given to the patients; undervaluation of privacy, discrimination according to patients' cultural patterns, inappropriate nursing diagnosis or documentation of care. This reality only can be understood because students develop meaningful learning processes, which merge scientific competences and moral development. Thus, when students learning in classroom, laboratories or clinical placements, they should internalize their professional and ethical roles in order to provide quality and safety care.

The study pointed out that the construction of ethical thinking occurs in parallel to the development of learning. As a form of complex thinking, ethical thinking arises from reality and reveals the complexity of real life, where it is necessary to take decisions in an uncertain and sometimes controversial context. Learning implies changing behaviour and judgements about situations and knowing how to justify them. Therefore, learning corresponds to a capacity of human development, intellectual growth and significant and self-taught learning (Santos, 2003).

As with any other process, the development of ethical thinking takes place in stages or phases which are strongly consistent with self-regulated learning (Zimmerman, 2000) and the construction of morality (Durkheim, 2008); the development of ethical thinking is a fundamental pillar of students' personal and professional development. The first phase is influenced by students' level of involvement in the implementation of the activities (motivation), by students' beliefs about personal competence to conduct their duties "properly" (expectations of self-effectiveness) and beliefs concerning the outcomes that can be achieved (expectations of results). In this phase, students develop simple activities (of lower complexity) to achieve the fundamental feelings that underlie their moral temperament. This means becoming aware of the values that sustain the ideals of "good deeds". The next phase is influenced by the accomplishment of more complex actions, planned previously by the students. This phase involves reflection and stimulates learning and the development of thinking processes in terms of their more emotional and motivational content. This enables them by learning about themselves and others, to develop strategies that are more favourable to problem-solving. It is in this phase that most ethical competences are developed. In taking ethical decisions, students develop their conscious with moral value. The last phase involves the construction of judgement about the accomplished and desired results, and assumes that students have developed an amount of work aimed at achieving independence and autonomy. The "good" attracts willingness and desire. In other words, the "moral good" requires that students subject themselves to an "interior law" or "ideal", called for by their sensitivity. Students respond freely, according to the spontaneity of their beliefs and ideals. Stable comprehension, motivation, safety and autonomy are characteristic of this phase.

In order to facilitate the process of moral development, the clinical teacher or the mentor should adopt strategies that foster the development of clinical judgement and critical thinking. The offer of educational opportunities that are appropriate to different styles of student learning, the analysis of case studies and clinical scenarios, activities in small groups and the adoption of PBL (Problem Based Learning) techniques, are some of the strategies that could be adopted. Engaging students in "culturally competent care" and cross-cultural clinical interactions are also crucial to promote flexibility to the moral reasoning, avoiding that many patients from minorities and/or different cultures frequently experience misunderstanding, mistreatment, or marginalization in clinical settings. Students' moral development does not depend exclusively on oneself but also of the surroundings in which students find themselves and develop their learning experiences.

One major conclusion of this study is that learning in clinical context, which implies meaningful learning, shaped the students' professional identities. Developing the students' moral thinking contributes to their cognitive construction and to define themselves as professionals.

Hence, clinical teachers and mentors should consider the development of ethical thinking as an interior process of the students and is determined by their previous experiences and by the processes of reflection developed in different healthcare contexts (Juujärvi, Pessa & Myyry, 2011; Callister et al.; 2009). Nonetheless, the development of moral thinking is also an ecological process based on complex interactions between the students and patients where the teacher and the mentor play a crucial role.

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